

CLAIMS ONLY							Application Number <b>1065157</b>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2	1						52					
3	1						53					
4	1						54					
5	1						55					
6	3						56					
8	3						57					
9	3						58					
10	3						59					
11	3						60					
12	1						61					
13	1						62					
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44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep	2						100					
Total Depend	27						Total Indep					
Total Claims	29						Total Depend					
							Total Claims					